

WHILE FILING WITH US—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 124

Registered No. 425

### 1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No. 601 Gibson

St.

Ward

### 2. Full name of child

Roberto Perez

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

### 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

### 4. Twin, triplet or other

### 6. Legitimate?

### 7. Date

of birth

Month

Day

Year

Boy

Boys

5. No., in order of birth

Yes

Oct

3

1928

### 8.

### FATHER

Full name

Marcos Perez

### 9. Residence

(Usual place of abode)

If non-resident, give place and state.

601 Gibson St

### 10. Color or race

Mexican

11. Age at last birthday 24 (Years)

### 12. Birthplace (city or place)

(State or country)

Temacapulín,  
Jalisco Mexico  
Miner

### 13. Occupation

Nature of industry

### 14.

### MOTHER

Full maiden name

Maclovio Placencia

### 15. Residence

(Usual place of abode)

If non-resident, give place and state.

601 Gibson St.

### 15. Color or race

Mexican

17. Age at last birthday 28 (Years)

### 18. Birthplace (city or place)

(State or country)

Laqualin  
Jalisco Mexico

### 19. Occupation

Nature of industry

Housewife

### 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child).

(a) Born alive and now living 5

(b) Born alive but now dead 1

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum.

Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was

Alive at 5:00 p.m. on the date above stated.

Signature

Rosa Cortez

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address 806 Sullivan St

Filed

Oct 11, 19 28 E. E. Dorr

Registrar.

Registrar.

979-1003-471